State of New Hampshire
2014 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/26/2014

Business ID: 106004

William M. Gardner

Secretary of State

HOBO CORPORATION

64 RAILROAD ST., PO BOX 9

LINCOLN, NH 03251

ENTITY TYPE: CORPORATION

BUSINESS ID: 106004

STATE OF DOMICILE: NEW HAMPSHIRE

ENTERTAINMENT SERVICES-AMUSEMENT AND RECREATIONAL RIDES,EVENTS AND SERVICES

1

ADDRESS OF PRINCIPAL OFFICE:

64 RAILROAD ST., PO BOX 9

LINCOLN, NH 03251

REGISTERED AGENT AND OFFICE:

CLARK, BRENDA

RAILROAD ST , PO BOX 9

LINCOLN, NH 03251

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

3

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

A

PRES. **Brenda Clark**
STREET **64 Railroad St., Po Box 9**
CITY/STATE/ZIP **Lincoln Nh 03251**

V-PRES. **Benjamin E. Clark**
STREET **64 Railroad St., Po Box 9**
CITY/STATE/ZIP **Lincoln Nh 03251**

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. **Brian R. Dame**
STREET **301 Smutty Hollow Road**
CITY/STATE/ZIP **Monroe Nh 03262**

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Brenda Clark**

Please print name and title of signer: **Brenda Clark** / **PRESIDENT**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

010600420141009

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301